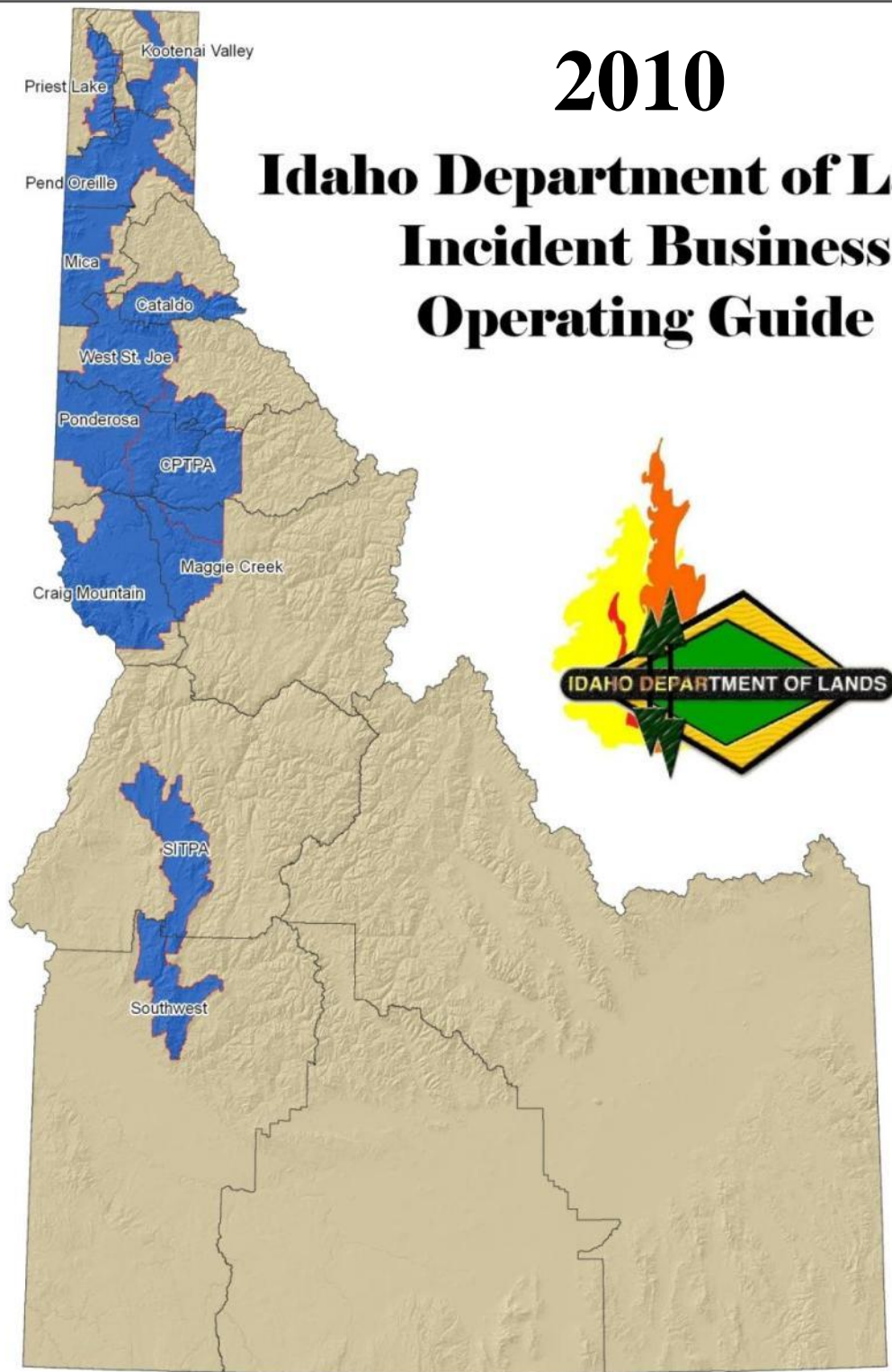


# 2010

## **Idaho Department of Lands Incident Business Operating Guide**



# **IDAHO DEPARTMENT OF LANDS INCIDENT BUSINESS OPERATING GUIDE 2010**

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## 1. ASSOCIATED POLICIES

Interagency Incident Business Management Handbook (IIBMH), NFES 2160

Northern Rockies and Great Basin Regional Supplements to IIBMH

Idaho Department of Lands Fire Mobilization Guide

Fire Management Handbook, 800 Series

Idaho Fire Service Organization Rate Book

Coeur d'Alene Interagency Fire Cache User's Guide

## 2. AUTHORITY

### A. Overview of State Fire Protection

The Idaho Department of Lands (IDL) is responsible for the protection of 4.8 million acres of forested lands. The state is divided into fourteen Supervisory Areas, each being managed by an Area Manager. The Area Manager is the Line Officer for the Area. Ten of these Areas (Kootenai Valley, Priest Lake, Pend Oreille, Mica, Cataldo, West St. Joe, Ponderosa, Maggie Creek, Craig Mountain, and Southwest) have fire protection responsibility under the direction of a state Fire Warden. In addition, Idaho is one of the few states that still have privately-operated fire protective associations. There are two associations in Idaho protecting an additional 1.5 million acres. These are Clearwater-Potlatch Timber Protective Association (CPTPA) and Southern Idaho Timber Protective Association (SITPA). Each association is under the direction of a Chief Fire Warden. The Chief Fire Warden assumes the role of the Line Officer for fire suppression activities within the association boundary.

The Bureau of Fire Management, located in Coeur d'Alene, provides policy support, consistency, and internal control for the state fire program. The Fire Business Program Manager works directly for the Bureau Chief. The Fire Business Program Manager works closely with fiscal personnel and other staff to assist Areas, and Incident Management Teams (IMTs), during large fires on questions of policy and procedure. IDL fiscal staff may serve as a Buying Team (BT) to assist IMTs in procurement when the workload becomes too great for the local Area office. Logistical support is generally provided by the Coeur d'Alene Interagency Fire Cache for incidents north of the Salmon River.

### B. Purpose

The Idaho Department of Lands Incident Business Operating Guide (IBOG) is intended to serve as a policy and procedures reference guide for those working in support of IDL incidents. The IBOG will be useful to dispatchers supporting initial attack fires, as well as members of IMTs, BTs, and expanded dispatch, working in support of extended attack incidents. Any changes to the guidelines will be approved by the Line Officer, Incident Business Advisor (IBA), or Fire Business Program Manager.

As a participating member of National Wildfire Coordinating Group (NWCG), IDL applies the interagency policies and guidelines established in the Interagency Incident Business Management Handbook (IIBMH). However, IDL policy can vary from those established

in the IIBMh. In such cases, the policies contained within this document, or those referenced in Associated Policies, shall be followed.

#### C. Incident Business Advisor (IBA)

The IDL has developed agency-specific standards for IBAs on IDL jurisdiction fires. The IBA works directly for the Line Officer. The IBA will work to facilitate all aspects of business administration throughout the course of an incident. IBA responsibilities are defined in the IDL Mobilization Guide, Chapter 20, Administrative Procedures.

### 3. PERSONNEL

#### A. Employment of Casual Employees

IDL Forest Protective Districts and Supervisory Areas are generally responsible for hiring casuals and processing all necessary paperwork. However, the IMT may also sign up local resources as casuals to meet existing needs. The team will be responsible for completing all hiring forms. In addition, an Administratively Determined (AD) rate will be assigned to ensure the casuals are paid the correct rate for the position hired. IDL has adopted the United States Forest Service (USFS) Administratively Determined Pay Plan for Emergency Workers.

When a casual is hired, the IMT will obtain an "O" number from Expanded Dispatch and note "local hire". They will initiate a resource order, forward it to Expanded Dispatch with a notation "local hire", and provide the casual's name and the position filled.

The **Casual Labor Hiring Packet, Attachment 1**, is used when hiring casual employees. The packet includes the following forms:

1. Casual Labor Employee Checklist
2. Employee's Withholding Allowance Certificate, Form W-4
3. Employment Eligibility Verification, Form I-9
4. Affirmative Action Survey
5. Drug and Alcohol Memorandum of Understanding
6. Code of Conduct/Employee Ethics Form
7. Veterans Status Form
8. Memorandum of Understanding Regarding the Use of Computers, E-mail and Internet (optional)

The Casual Labor Hiring Packet must be completed and forwarded to the Area/District/Association office by the start of the casual's second shift for processing. Timesheets will be transmitted to the local state office to be included with agency payroll.

Casual employees will be subsisted by the host agency whenever possible. Casuals assigned to fireline duties, or assigned to an Incident Base Camp, will be provided

subsistence. Meals and lodging for casuals can be procured for those assigned to logistical support if circumstances warrant. Out-of-pocket expenses for casuals must be authorized in advance before reimbursement can be made. The local state office will process these approved expenses.

As a guideline, lodging will be provided if the employees are 35+ highway miles from their residence, and meals will be provided as dictated by the situation. Casuals hired as drivers will be provided meals when they are away from the dispatch center as appropriate. IDL casuals are subject to IDL travel and per diem policies.

## B. Specialized Personnel

### 1. Fire Service Organizations

It is the IDL's responsibility to be the single hiring point for equipment and personnel obtained from Fire Service Organizations (FSOs). The only exception is local initial attack mutual assistance agreements. See the Idaho Fire Service Organization Rate Book.

### 2. Idaho Department of Correction

Through the human resource agreement between the IDL and the Idaho Department of Correction (IDOC), crews are available and may be used on any wildland fire incident. Specific direction regarding the use of these resources can be found in the Operating and Financial Plan between the Idaho Department of Correction and Idaho Department of Lands in the IDL Fire Mobilization Guide, Chapter 40, Cooperation.

### 3. Union Representative

Whenever an incident reaches 300+ federal government employees, a Union Representative will be notified by the IC/IBA. They will discuss the feasibility of placing a union representative at the incident.

### 4. Human Resource Specialist

A Human Resource Specialist will be assigned to all incidents with a Type II IMT, or when the organization exceeds 300 people. The agency or IMT will provide a temporary person until the team can fill the order. The Incident Commander will confirm with the Line Officer when the person is onsite. This person will establish a link with the IBA. All sexual harassment or other EEO incidents are to be reported to the IBA. Human Resource personnel in Boise will be notified as soon as practicable. Any investigation of an EEO incident is to be coordinated through the Line Officer.

### 5. Commissary

Commissaries may be established to serve the needs of incident personnel. The incident agency is responsible to provide direction to the IMT regarding availability of commissary and agency-specific requirements regarding commissary items and documentation. Refer to the IIBMh, Chapter 10, Personnel.

### C. Compensation for Injury/Agency Provided Medical Care

The use of Agency Provided Medical Care (APMC) is appropriate for first aid cases involving treatment received on the day of the injury/illness and do not require any additional follow-up. Treatment rendered under these conditions at the home unit will be paid for by the IDL payment process (credit card or direct payment).

APMC use may not include authorization for therapy, stitches, x-rays, etc. For further information, refer to the IIBMH, Chapter 10, Personnel, Section 15.2-2.

### D. Reporting an Injury for an IDL Employee

When an injury/illness occurs, one of the following procedures will be followed:

1. While on an incident under IDL jurisdiction, the Supervisor's Accident Report Form, SIF17-82, should be filled out as soon as possible following an injury/illness. This is an Idaho state form and is the preferred form of documentation when injuries/illnesses occur to state employees while conducting official business. A copy of the completed form must be kept with a medical file separate from the employee's base personnel file. Treatment rendered under these conditions at the home unit will be paid for by the IDL payment process—credit card or direct payment. (The Supervisor's Accident Report is available online from the Idaho State Insurance Fund at [www.idahosif.org/forms/SAR%20Form.pdf](http://www.idahosif.org/forms/SAR%20Form.pdf).)
2. On an incident managed by an IMT, a Report of Traumatic Injury and Claim for Continuation of Pay/Compensation, CA-1, or a Notice of Occupational Disease and Claim for Compensation, CA-2, are acceptable forms and may be used in place of the Supervisor's Accident Report. Completion of the Supervisor's Accident Report is not required upon return to the home unit as the CA-1 and CA-2 forms contain all the necessary information.
3. If the injury/illness cannot utilize APMC, the injury/illness will need to be reported to the Idaho State Insurance Fund, Workers' Compensation. The Workers' Compensation - First Report of Injury or Illness, SIF 02/01E, is the required documentation to initiate a claim for an injury/illness. The form will be completed and submitted to the State Insurance Fund by the home unit within ten days of the occurrence of an injury or occupational disease. (IMT personnel are asked to facilitate communication with the home unit, but are not responsible for initiating a claim.)
4. The injury/illness is required to be reported to the Idaho State Insurance Fund when any of the following conditions are met:
  - a. A work-related injury results in the need for medical treatment by an attending physician following release from the incident.
  - b. A worker has missed more than one day of work as the result of a work-related injury.
  - c. If initial treatment by a medical provider occurs after the date of injury.

- d. When an injured worker requests to file a claim under Idaho Workers' Compensation regardless of circumstances.

#### 4. ACQUISITION

##### A. Coeur d'Alene Interagency Fire Cache

The Coeur d'Alene Interagency Fire Cache provides primary logistical support for IDL incidents north of the Salmon River. The cache stocks all standard supplies and equipment used on an interagency and interregional basis as well as many specialty items. Procurement personnel should check with the cache for common non-cache supply items before turning to other sources of supply. See the Coeur d'Alene Interagency Fire Cache User's Guide in Fire Management Handbook 815, Interagency Fire Cache Operations.

##### B. Emergency Equipment Rental Agreements

There is flexibility in procurement methods for equipment on IDL jurisdiction fires. Equipment that has been competitively bid through the federal contracting process may be procured through usual dispatch procedures. Equipment that has not been competitively bid, but is available locally, can be procured through local Emergency Equipment Rental Agreements (EERAs). The local dispatch office maintains a list of preseason EERAs that supplements the equipment available through federal contracts.

If equipment is available locally, but has not been signed up preseason, it may be signed up at the time of the incident. IMT procurement personnel, and designated IDL employees, are authorized to execute EERAs when necessary. Procedures will follow those outlined in the IIBMH and its geographic area supplements to Chapter 20, Acquisition. Purchasing authority is not based on a specific dollar amount; however, it must be used with oversight.

In all cases, the preferred method is one that reduces mobilization time and/or is most advantageous in meeting fire suppression objectives, as determined by the Line Officer.

On state fires, agreements initiated by IDL personnel (or by personnel representing IDL) do not have to be countersigned by Contracting Officers or Procurement Unit Leaders working for a federal agency.

If the IMT elects to retain equipment that meets their needs, and it is already on the fire, an order will be placed with Expanded Dispatch (with a notation that the equipment is already on the fire). The procurement personnel will execute an EERA, ensure inspections are complete, and that Emergency Equipment Shift Tickets, OF-297, are up-to-date. Immediately after completing the paperwork, the IMT will send the completed EERAs to the host agency, who will forward the entire package to the Bureau of Fire Management for processing. Any EERAs used on IDL fires will have the most current EERA clauses (found on the NWCG web site) attached to the EERA.

##### C. Land Use Agreements

Follow the procedures outlined in the IIBMH, Chapter 20, Acquisition and the Appendix B, Tool Kit.

The IMT will check with the local IDL Supervisory Area office to obtain information on preseason land use and facilities use agreements. The IMT will coordinate with local IDL personnel to obtain current lease rates for bare land and facilities for the local area.

#### D. Rental Vehicles

Rental vehicles will be ordered first through the normal dispatch process utilizing pre-existing contracts. When the contract rentals have been exhausted, utilize the state of Idaho contract with Enterprise Rent-a-Car (1-800-261-7331).

#### E. Local Procurement/Contacts

Upon arrival, the finance section will be given a list of local vendors and resources that may be used in support of the incident. The following may be included in these lists:

1. IDL has preseason agreements in place with restaurants throughout the state. Use the preprinted **Restaurant and Lodging Authorization Forms, Attachment 4**, which can be obtained through the local Area office. For per diem provisions for IDL employees, see **2010 Meal Rate and Per Diem Guidelines, Attachment 5**.
2. Procurement contacts for the Idaho Department of Lands.
3. Preseason Emergency Equipment Rental Agreements.
4. Current list of cache items located at the Coeur d'Alene Interagency Fire Cache.
5. Any preseason land use agreements and cooperative fire agreements on request.

#### F. Buying Team Procedures

Procurement decisions should be based on sound judgment considering cost and the most expeditious source of supply to meet the needs of the suppression effort. IDL has flexibility in its procurement methods and is not bound by federal competitive solicitations. However, federal contracts should be used when most advantageous in meeting suppression objectives.

Once the procurement workload exceeds the Area's capabilities, a Buying Team (BT) will be ordered or assembled. BT composition may be solely IDL, or a mix of federal and state employees. IDL has identified specific employees to work with an interagency BT that are familiar with IDLs policy and have substantial purchasing authority.

The Line Officer will have the final decision whether a BT is necessary. The Line Officer may also request Expanded Dispatch personnel to assist the incident. The BT works directly for the Line Officer and provides procurement services for the IMT. Equipment and supply resource orders will go directly from the incident's Supply Unit Leader to Expanded Dispatch by radio, phone, or electronic transfer. Expanded Dispatch will order all local and national cache items, and the BT will order all local purchases.

The BT will transmit all documents pertaining to non-personnel services, equipment, and supplies paid by credit cards or checks to IDL's Fiscal/Purchasing section for payment through the normal payment process. Any payments made with credit cards or checks



will be fully documented with resource orders. Duplicate copies of all documents will be provided to the unit's fiscal office.

BTs shall procure drinks and fresh fruit as supplemental food items for the incident camp rather than purchase from the caterer. Other supplemental snack foods are not authorized. See the NWCG Supplemental Food Policy, dated March 10, 2003, for further clarification.

The BT may utilize logistical support provided by the Coeur d'Alene Interagency Fire Cache for items that are not available locally.

The following items are either restricted from purchasing, or limited in some manner, during incident operations:

1. Alcoholic beverages of any type.
2. Clothing, buttons, stickers, hats, etc., with special or specific printing, coloring, or logos. Bathing suits or other special clothing to be worn in R&R centers and/or incident camps.
3. Pillows or sleeping bags (other than regular GSA, fire cache type).
4. Plants or flowers.
5. Orders for specific magazines, newspapers, or other literature. Local newspapers will be limited to 10 copies per incident per day. Only local newspapers and USA Today will be purchased.
6. Improvements to GSA vehicles unless needed for suppression activities.
7. Motels, hotels, or other commercial rooms for overhead and other personnel located in an area where an incident camp exists.
8. Extravagant or specialty foods. The only supplemental foods that can be purchased are drinks and fresh fruit.
9. Barbers will be provided only for the military at their request.
10. Anything not a direct need for suppression of the fire or essential to the incident.
11. Fees for the use of commercial hot springs, unless associated with R&R.

**Exceptions to this policy shall have prior written approval by the IBA/Line Officer.**

## **5. PROPERTY MANAGEMENT**

The IMT is expected to place a high priority on property management. The supplies issued to the incident by the servicing Fire Cache are issued on a temporary loan basis and must be safeguarded, tracked, and accounted for. Attention must be given to the durable supply items as outlined in the IIBMH, Chapter 40, Incident Business Management Coordination.

IDL's expectation is that all durable items are tracked and accounted for by the IMT. All durable items not accounted for at close-out will be documented. A list of the items unaccounted for will be sent to the IMT's home unit for resolution within 60 days.

Accountable property is defined as any item with a purchase price of more than \$2,000, or considered sensitive, such as chainsaws, cameras, computer equipment, etc. Purchase of any incident-funded accountable property will be approved by the IBA/Line Officer prior to purchase. All accountable property purchased during an incident will be transferred to the Coeur d'Alene Cache at the end of the incident.

Refer to the Coeur d'Alene Interagency Fire Cache User's Guide, in Fire Management Handbook 815, Interagency Fire Cache Operations, for operating procedures, fire cache stock, classifications of equipment and supplies, and procedures for ordering.

Recycling: If possible, arrangements should be made with local recyclers to take plastic, paper, metal, glass, and reusable food stuffs. Recycling at the incident base requires coordination with the incident agency. The agency will provide information for recycling procedures and requirements to the IMT at the Line Officer briefing. Refer to IIBMH Chapter 30, Property Management.

## 6. BUSINESS COORDINATION

The Fire Business Program Manager, or a representative from fiscal and accounting, will visit all incidents managed by an IMT.

### A. Agency and Contract Payments

All personnel and equipment files from the incident camp should be consolidated into one finance package and will be delivered, or sent, to the IDL Supervisory Area office for processing/payment. Packages should be ready for payment. **Payments for personnel or equipment will not be sent directly to the USFS Albuquerque Service Center.** The BT will not use their credit cards or convenience checks to make payments on EERAs. The following documentation is required for payment:

1. Copy of signed contract or agreement. An original Request for Taxpayer Identification Number and Certification, W-9, form must accompany the agreement in order for payment to be processed.
2. Inspection forms both pre-use and release, with any claims noted.
3. Emergency Equipment Shift Tickets, OF-297, for all days covered, signed by both parties.
4. Emergency Equipment Use Invoice, OF-286, completed and signed by both parties, with supporting documents of items paid by or deducted from the contractor.
5. Documentation of any claims.

**Note:** Settlement of claims against EERAs shall be in accordance with the current EERA clauses found on the NWCG web site, and IIBMH, Chapter 20, Acquisition.

## B. Use of Purchase Cards

Purchase Cards (P-Cards) may not be used to make salary payments, purchase order payments, EERA payments, or land/facility rental agreement payments. Some IDL employees have credit cards that may be used to make vendor payments as described below.

1. P-Cards may be used to make payments to vendors for local purchases.
2. P-Cards cannot be used to feed employees during fire suppression activities unless arranged and purchased by the BT.
3. All payments must be supported by a resource order number.
4. In addition to the requirements of the IIBMH, a copy of the P-Card purchase shall be included in the file; invoices shall be clearly marked with the P-Card number.
5. Payment shall stay within the P-Card authority, or the transaction limitations, of the P-Card.
6. The P-Card paid invoices shall be sent to the Fiscal/Purchasing office in Coeur d'Alene.
7. Use of federal credit cards will be limited to local procurement agents, PUL, or BT staying within IDL's authority.

## C. Closeout

Invoices will be forwarded to the designated location (generally the hosting Area office) as soon as completed, to ensure timely payment to vendors and contractors. Invoices submitted at closeout of the incident are to be hand-delivered to the designated person by a finance section representative, who will be able to discuss incomplete payments or those requiring additional clarification.

The IMT Finance/Administration Section Chief is required to contact the agency's IBA/Line Officer prior to release from the incident. This will ensure all transitioned financial processes have been finalized. The final finance package will be prepared in accordance with the IIBMH, Chapter 40, Incident Business Management Coordination. Follow-up will be made on other fire payments, as needed, to resolve any pending difficulties.

The IBA and Line Officer (or their representative) will participate in the exit interview of each assigned IMT. The IBA will provide a narrative statement to the Line Officer outlining processes that worked well, areas that need improvement, including specific recommendations for improvement, and items requiring follow-up by the hosting Area. If unable to complete the narrative report prior to demobilization of the IMT, the report will be submitted to the IC and the Line Officer within 60 days after the team departs the incident.

The IBA/Line Officer will coordinate with the local Area office and the BT leader when to release the team. The IBA/Line Officer will consult with the incident organization regarding the release of the BT.

## **7. COOPERATIVE RELATIONS**

### **A. Law Enforcement and Investigations**

Upon assignment, the IMT will work with the Line Officer to identify law enforcement support resources available, and identify local operating procedures.

Significant law enforcement incidents, or matters needing criminal investigation, shall be reported to area law enforcement as soon as practicable. All law enforcement incidents will be entered into the incident security log and documented. Incident security logs and incident reports will be turned over to law enforcement when warranted.

Other investigations (claims, motor vehicle accidents, etc.) and normal incident security activities (traffic control, etc.) will be handled by the law enforcement personnel assigned directly to the incident.

### **B. Claims**

Procurement Unit Leaders or Finance/Administration Section Chiefs, with delegated authority, are responsible for settling claims under \$2,500 with approval from the Line Officer, IBA, or Fire Business Program Manager involving equipment agreements at the incident. Settlements exceeding \$2,500 must be referred to the Bureau of Fire Management in Coeur d'Alene. See supplements to the IIBMH, Chapter 50, Interagency Cooperative Relations and Chapter 70, Claims.

## **8. MANAGEMENT INFORMATION SYSTEMS**

IDL's computer system may be used in support of incidents when incident use does not disrupt the daily operation of the Area office. The Coeur d'Alene Fire Cache houses four computer kits maintained by the IDL Management Information Systems (MIS) staff. Each kit contains six laptops with the necessary hardware for networking. The system is loaded with the latest version of I-Suite and designed for use of the application.

The Coeur d'Alene Fire Cache houses three telephone kits maintained by the IDL MIS staff. Each kit contains eight telephones with an individual 1-800 number that can be used at any Area office, with the exception of Priest Lake. The Cache also has TracFones available for incident use. TracFones should be ordered using two separate resource orders. One resource order will be issued for the phone; the other will be issued for additional minutes for the phone.

**BUSINESS ADMINISTRATION CONTACT INFORMATION**

<b>Name</b>	<b>Title</b>	<b>Work Phone</b>	<b>Cell Phone</b>
<b><i>Bureau of Fire Management Contact Information</i></b>			
Brian Shiplett	Chief, Bureau of Fire Management	(208) 666-8650	(208) 755-4939
Ken Homik	Fire Business Program Manager	(208) 666-8648	(208) 755-2924
Jim Newton	Aviation Program Manager	(208) 666-8651	(208) 755-6762
Debbie Godfrey	Financial Technician	(208) 666-8639	(208) 755-9963
<b><i>Procurement Personnel - Coeur d'Alene</i></b>			
Peggy Griswold	Financial Specialist	(208) 666-8677	
Tricia Daniels	Financial Technician	(208) 666-8641	(208) 582-3349
<b><i>Coeur d'Alene Interagency Fire Cache Personnel</i></b>			
Justin Muhlhauser	Fire Cache Manager	(208) 666-8654	(208) 818-7062
Mac Weaver	Asst. Cache Manager	(208) 666-8655	(208) 277-6145
Cameron Hughes	Storekeeper	(208) 666-8657	(208) 818-6157
Marte Meredith	Storekeeper	(208) 666-8694	(208) 659-4087
Bjorn Jordan	Storekeeper	(208) 666-8694	(208) 691-7778
Steve McCombs	Storekeeper	(208) 666-8694	(208) 651-4247
Faith Bergem	Storekeeper	(208) 666-8694	(208) 818-1168
Jenny Rollins	Tech. Records Spec.	(208) 666-8643	(208) 691-6364
Dan Worthington	Pump Shop Mechanic	(208) 666-8637	(208) 651-2676
Eric Worthington	Pump Shop Mechanic	(208) 666-8637	(208) 699-1581
<b><i>Management Information Systems (MIS) Contacts</i></b>			
Dan Raiha	IT Manager	(208) 666-8645	(208) 699-6029
Matt Hulbert	IT Systems Technician	(208) 666-8696	(208) 651-2432
Pete Hecker	IT Systems Coordinator	(208) 666-8660	(208) 699-5114
<b><i>Human Resource Contacts</i></b>			
Debbie Godfrey	Financial Technician	(208) 666-8639	(208) 755-9963
Karena Whitmore	HR Specialist	(208) 334-0226	

## **IDL FIRE BUREAU AND AREA OFFICE CONTACT INFORMATION**

### **Coeur d'Alene Staff Office**

Brian Shiplett – Chief, Bureau of Fire Management  
Ken Homik – Fire Business Manager  
Jim Newton – Aviation Program Manager  
Debbie Godfrey – Financial Technician  
3284 West Industrial Loop  
Coeur d'Alene, ID 83815  
Phone: 208-769-1525  
Fax: 208-769-1524

### **Priest Lake**

Mick Schanilec – Area Manager  
Dan Brown – Fire Warden  
4053 Cavanaugh Bay Rd  
Coolin, ID 83821  
Phone: 208-443-2516  
Fax: 208-443-2162

### **Kootenai Valley**

Scott Bacon – Area Manager  
Chris Lund – Fire Warden  
Route 4, Box 4810  
Bonners Ferry, ID 83805  
Phone: 208-267-5577  
Fax: 208-267-8301

### **Mica**

Mike Denney – Area Manager  
Gary Darrington – Fire Warden  
3706 Industrial Ave. S.  
Coeur d'Alene, ID 83815  
Phone: 208-769-1577  
Fax: 208-769-1597

### **Pend Oreille Lake**

Ed Robinson – Area Manager  
Chris Remsen – Fire Warden  
2550 Highway 2 West  
Sandpoint, ID 83864  
Phone: 208-263-5104  
Fax: 208-263-0724

### **Cataldo**

Bob Burke – Area Manager  
Len Young – Fire Warden  
80 Hilltop Overpass Rd  
Kingston, ID 83839  
Phone: 208-682-4611  
Fax: 208-682-2991

### **St. Joe**

Ken Ockfen – Area Manager  
John Pollard – Fire Warden  
1806 Main Ave.  
St. Maries, ID 83861  
Phone: 208-245-4551  
Fax: 208-245-4867

### **Clearwater**

Bob McKnight – Area Manager  
10230 Highway 12  
Orofino, ID 83544  
Phone: 208-476-4587  
Fax: 208-476-7175

### **Ponderosa**

Sam Charles – Area Manager  
Jason Svancara – Fire Warden  
3130 Highway 3  
Deary, ID 83823  
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Fax: 208-877-1122

**Maggie Creek**

Jim Clapperton – Area Manager  
Dave Summers – Fire Warden  
Route 2 Box 190  
Kamiah, ID 83536  
Phone: 208-935-2141  
Fax: 208-935-0905

**Craigmont**

Jay Sila – Area Manager  
Rob Pentzer – Fire Warden  
PO Box 68  
Craigmont, ID 83523  
Phone: 208-924-5571  
Fax: 208-924-5571

**Payette Lakes**

Sheldon Keafer – Area Manager  
555 Deinhard Lane  
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Fax: 208-634-5117

**Southwest**

Steve Douglas – Area Manager  
Dan Christman – Fire Warden  
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Boise, ID 83703  
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**South Central**

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324 S. 417 E., Suite 2  
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Fax: 208-324-2917

**Eastern Idaho**

Pat Brown – Area Manager  
South Central Supervisory Area  
324 South 417 East; Ste. 2  
Jerome, ID 83338-6206  
Phone: 208-525-7178

**Southern Idaho Timber  
Protective Association**

Mark Woods – Fire Warden  
555 Deinhard Lane  
McCall, ID 83638  
Phone: 208-634-2268  
Fax: 208-634-5117

**Clearwater-Potlatch Timber  
Protective Association**

Howard Weeks – Chief Fire Warden  
10250 Highway 12  
Orofino, ID 83544  
Phone: 208-476-5612

**CASUAL LABOR EMPLOYEE CHECKLIST**

EFFECTIVE DATE: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIADDRESS: \_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIP

PHONE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ SEX: MALE \_\_\_\_ FEMALE \_\_\_\_

CITIZENSHIP: US \_\_\_\_ OTHER \_\_\_\_ RACE: \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ICS POSITION: \_\_\_\_\_ AD RATE/AMOUNT: \_\_\_\_\_

WORK CITY: \_\_\_\_\_ PAY LOCATION: \_\_\_\_\_

FTE: .42 PAY PERIOD HRS: 1.0 WORKMAN'S COMP CODE: 7710CLASS CODE: 95000 POS. CONTROL #: 9990

W-4: SINGLE \_\_\_\_ MARRIED \_\_\_\_ MARRIED WITHHOLD AS SINGLE \_\_\_\_ TOTAL NO. OF ALLOWANCES: \_\_\_\_

\_\_\_\_\_  
HIRING AUTHORITY DATE: \_\_\_\_\_\_\_\_\_\_  
W-4 CERTIFICATE\_\_\_\_\_  
I-9 EMPLOYMENT ELIGIBILITY VERIFICATION\_\_\_\_\_  
E-VERIFY CERTIFICATION\_\_\_\_\_  
AFFIRMATIVE ACTION\_\_\_\_\_  
SELECTIVE SERVICE CERTIFICATION\_\_\_\_\_  
VETERANS STATUS\_\_\_\_\_  
MEMORANDUM OF UNDERSTANDING – DRUG FREE\_\_\_\_\_  
CODE OF ETHICAL CONDUCT\_\_\_\_\_  
MEMORANDUM OF UNDERSTANDING – COMPUTER USE\_\_\_\_\_  
DIRECT DEPOSIT

CDL REQUIRED? YES \_\_\_\_ NO \_\_\_\_

HAS TESTING BEEN COMPLETED? YES \_\_\_\_ NO \_\_\_\_

PREVIOUS EMPLOYER CONTACTED? YES \_\_\_\_ NO \_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

STATE OF ISSUANCE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CLASS OF LICENSE – CHECK ONE A \_\_\_\_ B \_\_\_\_ C \_\_\_\_ D \_\_\_\_



# Form W-4 (2010)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b> Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b> Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . .	<b>B</b> _____
<b>C</b> Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b> Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b> Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b> Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</b>	
<b>G</b> <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children. . . . .	<b>G</b> _____
<b>H</b> Add lines A through G and enter total here. <b>(Note. This may be different from the number of exemptions you claim on your tax return.)</b> ▶ <b>H</b> _____	
For accuracy, complete all worksheets that apply. • If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2010</b>
1 Type or print your first name and middle initial. Last name		2 Your social security number		
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2010, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had <b>no tax liability and</b> • This year I expect a refund of all federal income tax withheld because I expect to have <b>no tax liability</b> . If you meet both conditions, write "Exempt" here . . . . . ▶ 7				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,400 \text{ if head of household} \\ \$5,700 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . 4 \$ \_\_\_\_\_
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2010 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_
- 8 Divide the amount on line 7 by \$3,650 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3." . . . . . 2 \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet . . . . . 3 \_\_\_\_\_

**Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4–9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
- 6 Subtract line 5 from line 4 . . . . . 6 \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1**

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0
7,001 - 10,000 -	1	6,001 - 12,000 -	1
10,001 - 16,000 -	2	12,001 - 19,000 -	2
16,001 - 22,000 -	3	19,001 - 26,000 -	3
22,001 - 27,000 -	4	26,001 - 35,000 -	4
27,001 - 35,000 -	5	35,001 - 50,000 -	5
35,001 - 44,000 -	6	50,001 - 65,000 -	6
44,001 - 50,000 -	7	65,001 - 80,000 -	7
50,001 - 55,000 -	8	80,001 - 90,000 -	8
55,001 - 65,000 -	9	90,001 - 120,000 -	9
65,001 - 72,000 -	10	120,001 and over	10
72,001 - 85,000 -	11		
85,001 - 105,000 -	12		
105,001 - 115,000 -	13		
115,001 - 130,000 -	14		
130,001 - and over	15		

**Table 2**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
65,001 - 120,000	910	35,001 - 90,000	910
120,001 - 185,000	1,020	90,001 - 165,000	1,020
185,001 - 330,000	1,200	165,001 - 370,000	1,200
330,001 and over	1,280	370,001 and over	1,280

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



## Instructions

**Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

### When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

### Filling Out Form I-9

#### Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Noncitizen nationals of the United States** are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

#### Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

#### Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

#### Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

### Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  2. Record the document title, document number, and expiration date (if any) in Block C; and
  3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

### What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### USCIS Forms and Information

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

### Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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**Paperwork Reduction Act**

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



OMB No. 1615-0047; Expires 08/31/12

Department of Homeland Security  
U.S. Citizenship and Immigration Services

# Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

## Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (see instructions)
- ☐ A lawful permanent resident (Alien #) \_\_\_\_\_
- ☐ An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year) \_\_\_\_\_

Employee's Signature

Date (month/day/year)

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative

Print Name

Title

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

## Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)

B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_

Document #: \_\_\_\_\_

Expiration Date (if any): \_\_\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative

Date (month/day/year)

**LISTS OF ACCEPTABLE DOCUMENTS**

All documents must be unexpired

**LIST A****Documents that Establish Both  
Identity and Employment  
Authorization****LIST B****Documents that Establish  
Identity****LIST C****Documents that Establish  
Employment Authorization****OR****AND**

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

## AFFIRMATIVE ACTION SURVEY

The following information is needed to assist the Department in planning its EEO/Affirmative Action Program. This information will be used only for statistical purposes.

**NAME:** \_\_\_\_\_ **JOB CLASSIFICATION:** \_\_\_\_\_

(Check below where appropriate)

\_\_\_\_\_ Handicapped. Please specify type of physical or mental impairment and, if applicable, type of accommodations made or needed.

\_\_\_\_\_ Veteran of Vietnam era (any duty between 8/5/64 through 5/7/75). Discharge must be other than dishonorable.

\_\_\_\_\_ Disabled veteran (30 percent or more disability).

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### RACE/ETHNIC GROUP

\_\_\_\_\_ White – Includes persons of European descent, including Pakistan, East Indian, and North African.

\_\_\_\_\_ Black – Includes persons of African descent as well as those identified as Jamaican, Trinidadian, and West Indian.

\_\_\_\_\_ Hispanic – Includes all persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent.

\_\_\_\_\_ American Indian – Includes persons who identify themselves or are known as such by virtue of tribal association. Also includes Eskimos and Aleuts.

\_\_\_\_\_ Asian American – Includes persons of Japanese, Chinese, Korean, or Filipino descent. Also includes Malaysians and Thais.

\_\_\_\_\_ Other – Includes those not covered by the above categories.

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### SELECTIVE SERVICE AWARENESS AND COMPLIANCE

Idaho Code states that "...No male person who has attained the age of eighteen (18) years who fails to be in compliance with the federal selective service act shall be eligible for employment by or service for the state of Idaho..." It further states "...It shall be the duty of all officials having charge of and authority over hiring of employees by the state...to assure themselves that applicants are in compliance with the federal military selective service act. The hiring authorities are authorized to develop the necessary form to allow the applicant to certify compliance with the selective service act."

**I certify that I am in compliance with the provisions of the Selective Service Act (50 U.S.C. Appendix, War and National Defense Sections 451-473) and Idaho Code (Section 49-501 et seq.)**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE



## MEMORANDUM OF UNDERSTANDING

It is the Department's policy to maintain an alcohol and drug-free workplace. The consumption of alcohol on the job is prohibited; employees may not work if their performance is impaired by the use of alcohol. Unlawful manufacture, distribution, dispensing, possession, or use of controlled substance is prohibited in the workplace. Violations of this policy will result in corrective action up to and including dismissal or referral to treatment as the situation warrants.

Alcohol and drug abuse in the workplace has many detrimental effects on any organization and its employees. It impacts morale, lowers productivity, and increases health care costs. The Department of Lands is committed to maintaining a work environment free from illegal drugs and alcohol and drug abuse.

As a condition of employment, you must:

1. Abide by the alcohol and drug-free policy.
2. As an employee you must notify your supervisor within five days if you have been convicted of any criminal drug statute for a violation occurring in the workplace.
3. As a supervisor you must notify your superior within five days of any criminal drug statute conviction for a violation occurring in the workplace of any of your employees. Additionally, supervisors must notify their superiors within five days of any violations of the Alcohol and Drug-Free Workplace Policy.

**I have read and understand this policy.**

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NAME

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DATE

(File in personnel files.)

**Effective Date: February 1, 2000**

## **CODE OF CONDUCT FOR DEPARTMENT EMPLOYEES**

1. **POLICY:** All employees of the Department shall assure they engage in no conduct which might reasonably be interpreted by the people of Idaho as tending to influence or adversely affect the performance of their official duties.
2. **REFERENCES:** Idaho Code 58-112, 59-701 et seq., 18-1351 et seq., 67-5311; DHR & IPC Rule 190.01, Prior Executive Orders on employee conduct (88-1 being the most recent).
3. **DEFINITIONS:**
  - A. Conflict of interest means any official action or any decision or recommendation by a person acting in a capacity as a public official, the effect of which would be the private pecuniary benefit of the person or a member of the person's household, or a business with which the person or a member of the person's household is associated.
  - B. Pecuniary benefit means any benefit to a department employee or member of his/her household in the form of money, property, or commercial interests where the primary significance is economic gain.
4. **PROHIBITED CONDUCT:**
  - A. No employee shall take any official action or make a formal decision or formal recommendation concerning any matter where he has a conflict of interest and has failed to disclose such conflict.
  - B. No employee exercising regulatory functions or conducting inspections or investigations shall solicit, accept or agree to accept any pecuniary benefit from a person known to be subject to such regulation, inspection or investigation or against whom such litigation is known to be pending or contemplated.
  - C. No employee having any discretionary function to perform in connection with contracts, purchases, payments, claims, or other pecuniary transactions of the department shall solicit, accept or agree to accept any pecuniary benefit from any person known to be interested in or likely to become interested in any such contract, purchase, payment, claim or transaction.
  - D. No employee shall, without the specific authorization of the Director, Department of Lands, use his/her official position or public funds or property to obtain a pecuniary benefit from sources other than lawful compensation as a public employee.
  - E. No employee shall solicit, accept, or receive a pecuniary benefit as payment for services, advice, assistance, or conduct customarily exercised in the course of his/her official duties. This prohibition shall not include trivial benefits not to exceed a value of fifty dollars (\$50) incidental to personal, professional or business contacts and involving no substantial risk of undermining official impartiality.
  - F. No employee shall use or disclose confidential information gained in the course of or

because of his/her official position or activities.

- G. No employee serving in an official supervisory capacity shall appoint any person related to him/her by blood or marriage within the second degree to any position, permanent or temporary, when the salary is to be paid by department funds.
  - H. Purchase or Lease of State Land. Employees of the Department of Lands are prohibited from directly or indirectly purchasing or leasing, or becoming interested in the purchase or lease of any of the public lands of the state.
  - I. Purchase of State Property at Public Auction. State employees, their spouses, and dependents are prohibited from acquiring surplus property from their own department. Employees may acquire surplus property from other departments only if the property is acquired through a competitive bid process.
  - J. Limitation of Political Activity. Limitations on political activity of state employees are outlined in Executive Order 88-1, which is attached to this OM as an addendum.
  - K. Addendum – Executive Order 88-1. Additionally, employees shall abide by all provisions covered in the Executive Order 88-1, which has been adopted by the department as an addendum and guideline to further clarify this OM. This executive order has been retyped and updated in accordance with recent law changes.
  - L. “P” Card Privileges: Employees are prohibited from using a department issued “P” card for personal use.
5. **PROCEDURE:** All employees are required to read and understand the attached executive order. New employees will be furnished a copy in their new employee packet and are to sign the cover memo and return it to the Boise office for inclusion in their permanent personnel records. Questions about this policy should be referred to your supervisor or the Human Resources office.
6. **FAILURE TO COMPLY:** Any employee who engages in activities prohibited by this Code of Conduct document and attached executive order may be subject to dismissal, suspension, demotion, or other personnel action and other penalties provided under Idaho law.
7. **REVOCATION:** This document was revised January 1, 1998.

STANLEY F. HAMILTON  
Director

**MEMORANDUM**

TO: New Employees of the Idaho Department of Lands

FROM: Director, Idaho Department of Lands

SUBJECT: Code of Conduct/Employee Ethics  
Addendum – Executive Order 88-1

The attached Operating Memorandum and Addendum give guidelines of ethical conduct as a state employee. Each employee is responsible for reading, understanding and following the guidelines set forth in this OM and Addendum. This copy is for you to keep and refer to from time to time.

-----  
(Detach and return to Personnel Office)

I, the undersigned, have received a copy of, have read, and understand the provisions of Code of Conduct/Employee Ethics and Executive Order 88-1.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

THE OFFICE OF THE GOVERNOR

EXECUTIVE DEPARTMENT

STATE OF IDAHO

BOISE

EXECUTIVE ORDER NO. 88-1

SETTING FORTH A CODE OF ETHICAL CONDUCT FOR EMPLOYEES OF THE EXECUTIVE DEPARTMENT OF IDAHO STATE GOVERNMENT, REPEALING AND REPLACING EXECUTIVE ORDER NO. 87-17

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GENERAL PURPOSE

*This Executive Order is issued to insure high standards of conduct among state employees and to strengthen the faith and confidence of the people of Idaho in the integrity of state government and state employees. This Executive Order sets forth a code of conduct for state employees and restates existing Idaho law governing employee conduct in areas where there are actual or potential ethical concerns between their public duties and their private interests. Unless the context indicates otherwise, "state employee(s)" shall have the broadest meaning possible within the Executive Department of Idaho State Government consistent with Idaho Law, and "person" shall include an association, corporation, or governmental entity.*

*It shall be of paramount concern of state employees that they engage in no conduct which might reasonably be interpreted by the people of Idaho as tending to influence or adversely affect the performance of their official duties.*

GRATUITIES AND OTHER BENEFITS

*State employees shall never solicit in their official capacity any gratuity or other benefit from any person under any circumstances. State employees shall not accept gratuities or other benefits exceeding a total retail value of \$50 within a calendar year from any person who is subject to their legal jurisdiction or who is likely to become interested in any contract or transaction over which they exercise any discretionary function. State employees are not precluded from accepting from time to time food or beverages consumed at the time and place of receipt from any person with whom they deal in their official capacity, subject to the limitation of \$50 retail value within a calendar year. These rules apply irrespective of kinship or other relationship with the donor outside of the official status of the state employee, and irrespective of the existence of legal consideration for or legal entitlement to the gratuity or other benefit. It is not material that the acceptance of any gratuity or other benefit contrary to this Executive Order is not prejudicial to official impartiality in fact.*

*Nothing herein is intended to prevent appointing authorities from approving participation by their employees in bonafide training or educational programs provided by public or private entities.*

*State employees shall not accept transportation or lodging from any person who is subject to their jurisdiction or who is or is likely to become interested in any contract or transaction over which they exercise any discretionary function. It shall be the general policy that reimbursable Expenses for transportation and lodging of state employees shall be paid by the State of Idaho rather than by another person. This rule does not apply under circumstances where state employees do not have reasonable access to public services or accommodations, when the acceptance of an offer of transportation makes an economical and efficient use of time or transportation and any benefit conferred is trivial or otherwise consistent with the general purpose of this Executive Order.*

*All state employees exercising any discretionary function shall make a conscious effort to be open to contact by all segments of Idaho society that have an interest in the exercise of that discretionary function. State employees exercising any discretionary function shall not associate with any one person who has or may have an interest in the exercise of that discretionary function to such an extent as would reasonably be interpreted by the people of Idaho as tending to influence or adversely affect the performance of their official duties.*

*Honorariums shall not be accepted by state employees from Idaho citizens, associations, corporations, or governmental entities for appearances or services given in the course of their official duties.*

## **CONFLICTS OF INTEREST**

*State employees shall not profit, directly or indirectly, from public funds under their control. State employees shall not have a private interest in any contract or grant made by them in their official capacity. State employees must avoid self-dealing in any purchase or sale made in their official capacity. Any state employee having a private interest in any discretionary matter coming before him in the course of his official duties, whether the matter be regulatory, adjudicative, contractual or the formation of public policy, shall not act but shall withdraw himself.*

*State employees shall not refer to themselves any business or client where the origin of the relationship arises in their official capacity.*

*No state employee shall appoint or otherwise employ for compensation payable from public funds any person related by blood or marriage to within the second degree.*

## **OUTSIDE EMPLOYMENT AND EXTRA COMPENSATION**

*Heads of executive departments; members of the Tax Commission, the Industrial Commission, and the Public Utilities Commission; the Executive Director of the State Board of Education; and the Director of the Executive office of the Governor shall not hold any other public office or public employment for which compensation is received. Nor shall any state employee serve as a director, officer, or employee of any profit-making corporation or institution without disclosure to and approval by their appointing authority. Such approval shall be granted only if such activity will not adversely affect the performance of the employee's official duties, nor create an appearance of impropriety.*

*State employees may occupy offices or positions in non-profit organizations outside state government service to the extent that it does not interfere with the performance of their official duties in an efficient, mentally- and physically alert manner.*

*Except as otherwise prohibited by law, all state employees including those identified above, may own stock in a public or private corporation, be a trustee to a trust, be a personal representative to an estate, serve as a part-time member of the military reserves or the National Guard and serve upon a jury.*

## **POLITICAL ACTIVITIES**

*As provided by Section 67-5311, Idaho Code, state employees shall not command political contributions from other state employees. State employees subject to the state personnel system (hereinafter "classified employees") shall not use their official authority or influence to bring about any nomination or election to public office. Classified employees shall not seek election to a partisan public office. All state employees may vote and express their personal opinion on political issues and candidates and take an active part in support of a candidate in partisan or nonpartisan elections. All state employees may be members of a political party or organization, participate in its activities, serve as an elected convention delegate, voluntarily contribute to political parties or candidates and take an active part in political organization management. Classified employees shall avoid participation in public affairs in a manner which would materially compromise their neutrality, efficiency or integrity in the performance of their official duties.*

## **ADMINISTRATION**

*Department heads and boards and commissions within the Executive Department of the State of Idaho may establish particular codes of employee conduct to supplement the general code of conduct provided under Idaho Law and this Executive Order. Nothing in this Executive Order is intended to preclude more strict provisions of conduct than are required under this Executive order, except as precluded by Idaho Law.*

*Questions or disputes regarding the conduct of state employees under this Executive Order and Idaho Law shall be directed to the appropriate appointing authority who may seek legal counsel from the Attorney General.*

*State employees who have questions regarding their conduct that are not specifically addressed in this Executive Order or who need more direction than is included herein should consult their appointing authorities. State employees who are presently engaged in a course of conduct addressed herein are directed to review that conduct in light of this Executive Order.*

*Violation of this Executive Order may lead to dismissal, suspension, demotion, or other personnel action. In addition, state employees whose conduct violates Idaho Law whether or not restated in this Executive Order are subject to the penalties under Idaho Laws.*

## **DISTRIBUTION**

*Appointing authorities shall bring this Executive Order to the attention of state employees now or hereafter under their supervision. It is the duty of state employees to familiarize themselves with the code of conduct contained in this Executive Order and to reflect upon their own conduct.*

*This Order repeals and replaces Executive Order No. 87-17.*

*IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho, at Boise, the Capital, the first day of February, in the year of our Lord nineteen hundred eighty-eight, and of the Independence of the United States of America the two hundred twelfth, and of the Statehood of Idaho the ninety-eighth.*

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GOVERNOR OF THE STATE OF IDAHO

BY THE GOVERNOR:

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SECRETARY OF STATE



**Veterans Status Form**  
*For Veterans Use Only*

In order for the state to comply with the Veterans Readjustment Act, please indicate which definition applies to you. Start at the top and work your way down the list and mark only **one** category; it should be the **first** category that matches the description of your veterans status. Your participation is voluntary, and all information will be treated as confidential and kept in a separate file from your personnel records.

**All discharges described on this questionnaire mean any other than a dishonorable discharge.**

1. \_\_\_\_\_ **(SD) Special Disabled Veteran** means:
  - a. A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to a compensation) under laws administered by the Department of Veterans' Affairs for a disability.
    - i. Rated at 30 percent or more; **OR**
    - ii. Rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious employment disability; **OR**
  - b. A person who was discharged or released from active duty because of a service-connected disability.
  
2. \_\_\_\_\_ **(VV) Veteran of the Vietnam Era** mean a person who:
  - a. Served on active duty for more than 180 days **AND** was discharged or released from the military where any part of your active duty was performed:
    - i. In the Republic of Vietnam between February 28, 1961, and May 7, 1975; **OR**
    - ii. In any other part of the world between August 5, 1964, and May 7, 1975; **OR**
  - b. Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed;
    - i. In the Republic of Vietnam between February 28, 1961, and May 7, 1975; **OR**
    - ii. In any other part of the world between August 5, 1964, and May 7, 1975.
  
3. \_\_\_\_\_ **(EV) Other Veteran** means a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
  
4. \_\_\_\_\_ **(OD) Other Disabled Veteran** means a veteran who is disabled under 30 percent but does not qualify for any of the above three (3) veterans' categories.
  
5. \_\_\_\_\_ **(NA) Not Applicable** means a person is a veteran but does not qualify under any of the four (4) categories listed above.

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 PRINT NAME

---

 DATE

---

 SIGNATURE

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 SOCIAL SECURITY NUMBER

THANK YOU FOR YOUR ASSISTANCE IN THE GATHERING OF VETERANS' INFORMATION FOR THE STATE OF IDAHO.



**Effective Date: March 15, 2000**

## **COMPUTER, E-MAIL, AND INTERNET USAGE**

1. **STATEMENT OF PURPOSE:** Technology and its applications, including the Internet, continue to expand and to become more accessible. This expansion increases the opportunity for Department employees to improve their productivity, effectiveness, and efficiency. However, as the use and accessibility of technology increases, so does the risk that the technology might be used inappropriately or inefficiently. The Department of Lands hereby adopts this operations memorandum to govern the use of Department computers and associated electronic mail and Internet access privileges.
2. **REFERENCE:** Governor's Executive Order 98-05, Establishing Statewide Policies on Computer, the Internet, and Electronic Mail Usage by State Employees.
3. **GENERAL INFORMATION:** Computers and their associated software, including Internet access, are provided to employees as tools to aid in the performance of their jobs. As it is a business tool, employees must remember that personal privacy regarding such communications cannot be guaranteed. Employees should be aware that e-mail messages deleted by receiving and sending parties might be retained on Department servers. Internet addresses visited by employees are also retained on Department servers.

**All information has the potential of becoming public knowledge. Do not send any message or visit any Internet site that you would not want read about in the newspaper.**

4. **DEPARTMENT ACCESS TO COMPUTER FILES:** The Department will maintain an environment that respects employees' privacy, but the Department retains the right to monitor and inspect electronic files on Department computers to detect misuse or abuse.
5. **RESPONSIBILITIES:**
  - A. **IT Employees:** Information technology employees working in Boise and Coeur d'Alene are responsible for installing, removing, or changing the configuration of hardware connected to the Department's network, installing or removing software applications, and acquiring hardware. These IT employees are also responsible for monitoring Department computers to ensure appropriate use of those computers and associated electronic mail and Internet access privileges. If inappropriate use is detected by IT staff, they shall immediately report it to the appropriate Area Supervisor, Bureau Chief, Program Manager, or other appropriate supervisor, as well as to the Assistant Director, LMR.
  - B. **Supervisors:** Supervisors are also responsible for monitoring the use of Department computers and for training employees in the appropriate use of those computers and associated electronic mail and Internet access privileges. An Internet cache may be

installed to assist in monitoring employee Internet usage, by making a request to the IT Resource Manager.

- C. Employees: Computers are for state business use only. Occasional, minor personal use of Department computers and associated electronic mail may occur and is acceptable (in the same manner that employees may make a brief, local telephone call for personal reasons). If you see something offensive on your computer or on another employee's computer that is offensive, you should immediately report it to your supervisor.

- 6. **USE OF ELECTRONIC MAIL (E-MAIL) AND INTERNET:** The Internet and electronic mail are powerful new tools of the information age. As we often see with powerful tools, there is also a huge potential for mischief and errors in judgment. There are places on the Internet where you do not go with state equipment. Similarly, "friends" can send you electronic mail that you have no right to receive on state equipment. You are responsible for where you go on the Internet. If you receive an inappropriate electronic mail message from anyone, notify your supervisor, ask IT personnel to document the contact, and advise the sender to take you off their mailing list. Do not delete the item until your supervisor advises you to do so.

**DO NOT TAKE THE RISK OF ACCESSING INAPPROPRIATE INTERNET SITES WITH STATE EQUIPMENT – YOU ARE ACCOUNTABLE:**

The Internet should be used for business purposes only, therefore, do not take the risk of accessing inappropriate Internet sites with state equipment – you are accountable. The following guidelines shall govern the use of Department computers and associated electronic mail and Internet access privileges. Use the tools wisely, and everyone can benefit from the privilege of access to the information age.

- A. The use of Department computers to facilitate communications and information exchanges directly relating to the mission and work of the Department is acceptable and encouraged.
- B. The use of Department computers to facilitate distribution of announcements of Department procedures, hearings, policies, services, or activities is acceptable and encouraged.
- C. The use of Department computers to facilitate advisory, standards, research, analysis, and professional development activities related to the employee's duties is acceptable and encouraged.
- D. The use of Department computers to facilitate access to the Internet to research and obtain business-related information is acceptable and encouraged.
- E. The use of Department computers for brief, occasional personal uses of electronic mail in lieu of a telephone call is acceptable. Sending your Christmas letter to your entire family is not acceptable.
- F. The use of Department computers to play music CDs, in lieu of a personal radio or CD player in the office is acceptable unless it disturbs coworkers. Such use is easily abused through high volume and selection of music that is not appropriate for an office environment.

- G. Playing games is prohibited expressly by Executive Order 98-05.
  - H. Commercial or personal screensavers, purchased with personal funds and licensed to the user, may be loaded onto Department computers, provided that their presence does not cause deterioration in the operating system, and the content of such screensavers is not objectionable. Screensavers already incorporated into WINDOWS are preferred.
  - I. Non-business-related programs and materials shall not be loaded onto Department computers, nor shall such materials be printed with Department computers and printers.
7. **PROHIBITIONS:** It is unacceptable to knowingly or intentionally submit, publish, display, transmit, retrieve, download, forward, or store on any state computer system any information or image which:
- A. Contains defamatory, false, inaccurate, abusive, obscene, pornographic, profane, sexually oriented, threatening, racially offensive or otherwise biased, discriminatory or illegal material;
  - B. Violates state government regulations prohibiting sexual harassment;
  - C. Restricts or inhibits other users from using the system, or the efficiency of the computer systems;
  - D. Encourages the use of controlled substances, or other illegal activities, or uses the equipment or programs for a criminal purpose;
  - E. Uses the system for any other illegal purpose.
8. **DISCIPLINARY ACTION:** Failure to comply with the provisions outlined in this OM may subject an employee to disciplinary action up to and including dismissal.
9. **CERTIFICATION OF UNDERSTANDING:** All employees who have access to Department computers will sign a Memorandum of Understanding, certifying that they have read and will comply with the direction in this OM.

This is an entirely new Operations Memorandum and should be read in its entirety.

**STANLEY F. HAMILTON**  
**Director**

**MEMORANDUM OF UNDERSTANDING REGARDING  
THE USE OF COMPUTERS, E-MAIL, AND INTERNET**

I, \_\_\_\_\_, have read and understand the provisions of COMPUTER, E-MAIL, AND INTERNET USAGE, and will comply with the provisions within the OM.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WHITE-ORIGINAL  
YELLOW-SUPERVISOR'S COPY

### SUPERVISOR'S ACCIDENT REPORT

Employer \_\_\_\_\_ Organizational code \_\_\_\_\_

Name of employee \_\_\_\_\_

Occupation \_\_\_\_\_

Location of accident \_\_\_\_\_

Date of accident \_\_\_\_\_ 20\_\_

Time \_\_\_\_\_ ☐ AM  
☐ PM

Date Supervisor notified \_\_\_\_\_ 20\_\_

Time \_\_\_\_\_ ☐ AM  
☐ PM

Was employee on duty at time of accident? \_\_\_\_\_

Did employee leave work? \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_

Time \_\_\_\_\_ ☐ AM  
☐ PM

Did employee return to work? \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_

Time \_\_\_\_\_ ☐ AM  
☐ PM

How did accident happen? (State specific job being done, machinery, tools or objects involved, and Factors contributing to accident.) \_\_\_\_\_

Names of witnesses \_\_\_\_\_

Nature of injury \_\_\_\_\_

(Cut, Bruise, Strain, etc.)

Part of body \_\_\_\_\_

(Right leg, left ankle, lower back, etc.)

Name and address of treating physician or hospital \_\_\_\_\_

Was accident caused by non company person or faulty equipment? \_\_\_\_\_ If yes  
Identify: \_\_\_\_\_

Were mechanical guards or other safe guards provided? \_\_\_\_\_

Was employee using them? \_\_\_\_\_

What corrective action has been taken to prevent similar accidents? \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_

Supervisor \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Position \_\_\_\_\_

Follow-up Needed? \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_

**State Insurance Fund**

Boise, Idaho 83720

# Workers Compensation – First Report of Injury or Illness

State Insurance Fund e-mail form – return as an e-mail attachment to [reportclaim@isif.state.id.us](mailto:reportclaim@isif.state.id.us). Do not mail a copy of a printed form.

Every work injury that requires medical services other than first aid treatment must be reported within **TEN** days after the employer has knowledge of the injury. **Filing this form is not an admission of liability.** This report shall not be evidence of any fact stated herein in any proceeding in respect of the injury, illness or death on account of which this report is made.

<b>E M P L O Y E R</b>	Employer's name: <b>IDAHO DEPARTMENT OF LANDS</b>		Employee status	
	Address: <b>300 N 6<sup>th</sup> St., #103</b>		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Public	
	City: <b>BOISE</b>	State: <b>ID</b>	ZIP: <b>83702</b>	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other
	Phone #: <b>208-334-0255</b>		FAX #: <b>208-334-2339</b>	
	Employer's location address (if different)		Is injured worker a Corporate Officer, Partner, LLC member, or the Sole Proprietor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Address:		If a Sole Proprietorship, is the injured worker a household member? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	City:	State:	ZIP:	
	Policy number: <b>02225-0</b>		Organization code: <b>320 04</b>	
<b>E M P L O Y E E</b>	Employee's last name:		State where hired: <b>ID</b>	
	Employee's first name:		Occupation:	
	Address:		Employment status:	
	City:	State:	ZIP:	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
	Phone # :		Social Security # :	
	Date of birth:		Date hired:	
	Under what class code were wages reported?		Injury date:	
	Regular department:		Marital status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/> Married <input type="checkbox"/> Separated	
<b>W A G E S</b>	Wage rate \$ per <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other		Hours worked per week:	
	# of days worked per week:	Full pay for the day of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did salary continue? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If board, lodging or other advantages furnished in addition to wages, give estimated value per week.		\$	
	If gratuities (tips, etc.) were received in the course of employment, give estimated value per week.		\$	
<b>A C C I D E N T  O R  I L L N E S S</b>	Place of accident or exposure (address):		City/State:	
	County:	Did injury/illness occur on the employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Time injury occurred: <input type="checkbox"/> AM <input type="checkbox"/> PM	Time employee began work: <input type="checkbox"/> AM <input type="checkbox"/> PM		
	Date last worked:	Date employer notified:	Date disability began:	
	Date returned to work:	If fatal, date of death:	Injury type (strain, cut, etc.):	
	Part of body affected:		Body part injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Injury reported to (name and phone #) :			
	Equipment, materials, or chemicals employee was using upon occurrence:			
	How injury or illness occurred (Describe the sequence of events. Include objects or substances that directly caused the injury)			
	Was accident caused by the failure of a machine or product? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was safety equipment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If the accident was caused by any person or business other than the injured worker, co-worker or the employer, please identify.		Was it used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Were other workers also injured? <input type="checkbox"/> Yes <input type="checkbox"/> No List other workers' names:	
<b>M E D I C A L</b>	Physician or hospital (name and address)		<input type="checkbox"/> No medical treatment <input type="checkbox"/> Minor by employer	
			<input type="checkbox"/> Minor – clinic/hospital <input type="checkbox"/> Emergency care	
			<input type="checkbox"/> Anticipated major med/time loss <input type="checkbox"/> Hospitalized overnight	
	Did anyone witness the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name, phone # :			
	Preparer's name and title:			
	Preparer's phone number:		Date prepared:	

E-mail this as an attachment to [reportclaim@isif.state.id.us](mailto:reportclaim@isif.state.id.us). Employers *do not* need to e-mail this form to the Industrial Commission. Employers should keep a copy on file.

# RESTAURANT OR LODGING AUTHORIZATION

*\*Instructions for completing this form is on the back.*

DATE & TIME	RESOURCE ORDER NUMBER	INCIDENT/PROJECT NAME	INCIDENT/PROJECT ORDER NUMBER	OFFICE REFERENCE NUMBER
-------------	-----------------------	-----------------------	-------------------------------	-------------------------

Restaurant: \_\_\_\_\_ @ : \_\_\_\_\_

Vendor's Tax ID: \_\_\_\_\_

Placed with: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Meal: ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Sack Lunch

\$ \_\_\_\_\_ per meal \$ \_\_\_\_\_ per meal \$ \_\_\_\_\_ per meal \$ \_\_\_\_\_ per meal

Meal(s) can NOT include alcoholic beverages.

Remarks:

Hotel/Morel: \_\_\_\_\_ @ : \_\_\_\_\_

Placed with: \_\_\_\_\_ Time: \_\_\_\_\_

Room(s) for \_\_\_\_\_ night(s) @ \$ \_\_\_\_\_

is authorized to sign for \_\_\_\_\_ room(s)

for lodging for fire personnel.

Telephone, movie rental, etc... are NOT authorized and will be blocked.

Print Legibly:

Crew Name: \_\_\_\_\_ Crew Number: \_\_\_\_\_

Chief of Party: \_\_\_\_\_

*If available*

Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_

Method of Payment:

☐ Send Bill ☐ Credit Card

*[NAME of Credit Card Holder]*

Fax Copies To: \_\_\_\_\_

Billing Address:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
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15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_

WHITE - FINANCE COPY

GOVERNMENT IS TAX EXEMPT

PINK - FILE COPY

YELLOW - VENDOR'S COPY

6/99



## Instructions for Completion and Use of Restaurant or Lodging Authorization Form

The Restaurant or Lodging Authorization form was developed by the Idaho Panhandle National Forests and the Idaho Department of Lands. The form is to be completed as follows:

Date & Time:	Self-explanatory.
Resource Order Number:	The "S" number(s) from the resource order card must coincide with the original request for meals/lodging. Example: S-179, S-180.
Incident/Project Name:	Self-explanatory.
Incident/Project Number:	The fire or project number. Do not use the Paymars "P" number. Examples of fire or project numbers are ID-PLS-11010 or ID-IPF-12329.
Office Reference Number:	Job code (management code) or cost code, i.e., P11700 033501 or IDL number.
Restaurant:	If meal(s) are being purchased, indicate the name of the restaurant. If the form is only for meals put an "X" through the lodging area.
Placed With:	Enter the name of the person contacted at the restaurant.
Time:	Self-explanatory.
Type of Meal:	Check the correct block for breakfast, lunch, or dinner. Fill in the correct monetary amount. Idaho Department of Lands rates are different from the US Forest Service. The government is tax exempt. Meals cannot include alcoholic beverages. <ul style="list-style-type: none"> <li>• FS: Gratuity added to the rate.</li> <li>• IDL: Gratuity must be included as part of the rate.</li> </ul>
Authorization Number:	Fill in the name of the person authorized to sign for the meals and the number of meals authorized.
Remarks:	Fill in appropriate information such as meal rates quoted for either a buffet meal or off-the-menu ordering.
Hotel/Motel:	Enter the name of the hotel/motel. If the form is only for lodging put an "X" through the meals area.
Placed With:	Enter the name of the person contacted at the hotel/motel.
Time:	Self-explanatory.
Rooms/Night:	Enter the number of rooms needed, how many nights and the price per night.
Crew Name/Number:	Enter the name of the crew or individual. For example: Fort Belknap #3 or Joe Firefighter.
Chief of Party:	IC, Crew boss, or person responsible for insuring the crew follows instructions.
Authorized By:	Person placing order; i.e., dispatcher, IC, procurement clerk, etc. Person must have authority to order.
Title:	Self-explanatory.
Method of Payment:	Specify the method of payment and who is paying.
Signature Line:	Self-explanatory.
Billing Address:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Forest Service Incident</u>  Idaho Panhandle NF  Budget &amp; Finance  3815 Schreiber Way  Coeur d'Alene ID 83815 </div> <div style="width: 45%;"> <u>IDL Incident</u>  Idaho Department of Lands  Bureau Fire Management  3284 W. Industrial Loop  Coeur d'Alene, ID 83815 </div> </div>
Fax Copies To:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">(208) 765-7326</div> <div style="width: 45%;">(208) 769-1524</div> </div>

## 2010 Meal Rates and Per Diem Guidelines

These provisions apply to all regular and casual Idaho Department of Lands (IDL) employees and to all fire service organization personnel mobilized through IDL.

All IDL employees are expected to provide for their subsistence while in travel status and will be reimbursed upon return to the home unit via a travel voucher. In no cases will IDL employees use purchase cards to purchase meals.

A. The **In-State Meal Rates** will be used for any of the following circumstances:

1. Meals are provided in support of **prescribed burning**. See Timber Management Handbook Section A for administrative procedures.
2. When per diem is being claimed on a travel voucher while **traveling in-state**. This applies if you are claiming per diem on an in-state fire assignment.

Breakfast	\$7.50
Lunch	\$10.50
Dinner	\$16.50
Full Day	\$30.00

Note: Partial day rates are based on 25% (B), 35% (L) and 55% (D) of the full day meal rate. Total invoice must include 15% gratuity.

B. The **Fire Contracted Meal Rates** will be used in Idaho only when the following conditions are met:

1. Meals are provided in support of **fire suppression** (not prescribed burning).
2. Meals are provided by a vendor, with a contract (EERA), and the Meal and Lodging Authorization Form is used.

Breakfast	\$11.50
Lunch	\$16.10
Dinner	\$25.30
Full Day	\$46.00

Note: Partial-day rates are based on 25% (B), 35% (L) and 55% (D) of the full day meal rate. Total invoice must include 15% gratuity.

C. The **GSA Domestic Per Diem Meal Rates** will be used whenever per diem is being claimed on a travel voucher while **traveling outside Idaho**. See GSA Domestic Per Diem Rates at:

[http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentType=GSA\\_BASIC&contentId=17943](http://www.gsa.gov/Portal/gsa/ep/contentView.do?contentType=GSA_BASIC&contentId=17943)